2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 06, 2009
Secretary of State

DOCUMENT# L05000123087

Entity Name: FAM MED, LLC

Current Principal Place of Business:

1239 BROADMOOR CIRCLE
FRANKLIN, TN 37067

New Principal Place of Business:

Current Mailing Address:

PO BOX 396
BRENTWOOD, TN 37024

New Mailing Address:

FEI Number: 20-4418080 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ANDERSON, SCOTT A
689 S. APOLLO BLVD.
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ROBERTS, PHILIP L
Address: PO BOX 396
City-St-Zip: BRENTWOOD, TN 37024

Title: MGR ( ) Delete
Name: ROBERTS, ERIC D
Address: PO BOX 396
City-St-Zip: BRENTWOOD, TN 37024

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: ROBERTS, LAURA W
Address: PO BOX 396
City-St-Zip: BRENTWOOD, TN 37024

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PHILIP L. ROBERTS MGR 07/06/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date